

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1957

37582
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 9918

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN Mehlville 4850 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
-c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 0-2 INSTITUTION Alexian Bros Hosp. 2 Days		d. STREET ADDRESS (If outside, give location) 640 Forder Rd Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louis Middle R. Last Hoeber		4. DATE OF DEATH Month Oct Day 20 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov 28 1881
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (City and state or country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Hoeber		14. MOTHER'S MAIDEN NAME Elise Schramm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 712-01-6350	
17. INFORMANT Mrs Olga P Tinus		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery Disease DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Decubent ulcer -	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		INTERVAL BETWEEN ONSET AND DEATH 38 hrs 4 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 10-15-57 Month 10 Day 20 Year 57 a. m. PM p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-20-57 to 10-20-57 and last saw him alive on 10-20-57 Death occurred at 10:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. J. O'Neil M.D. (Degree or title)	
22b. ADDRESS 5103 Chippewa		22c. DATE SIGNED 10-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Oct 24 1957	
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) (State) St Louis Mo.	
24. FUNERAL DIRECTOR Fey Funeral Home		25. DATE RECD. BY LOCAL REG. OCT 23 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD		27. (Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.